Form

To be completed on the official letterhead

of the Principal

*Resident and non-resident of*

*the Republic of Belarus (exchange broker's client)*

|  |  |  |
| --- | --- | --- |
|  | POWER OF ATTORNEY |  |
|  |  |  |
| (Reference number assigned by the Principal) |
|  |  |  |
| (place of issue) |  | (date of issue) |
|  |
| , |
| (full name of the legal entity/ full name of the individual conducting entrepreneurial activity in accordance with the established procedure - the Principal) |
| registered in the Unified State Register (other register/registry) under No. | , |
|  |
| represented by | , |
|  | (job title and surname, first name, patronymic of the person authorised to issue a power of attorney on behalf of the principal) |
| acting on the basis of | , |
|  | (document confirming the authority) |
| hereinafter referred to as the Principal, by this Power of Attorney in accordance with the agency agreement dated |
|  | concluded between the Principal and |
| date and reference number of the agency agreement) |  |
| , |
| (full name of the exchange broker) |  |
| authorises | , |
|  | ( surname, first name, patronymic of the exchange broker's trader) |
| hereinafter referred to as the Trader, to represent the interests of the Principal at the JSC ‘Belarusian Universal Commodity Exchange’ (hereinafter referred to as the Exchange) in executing activities related to exchange trading, for which purpose the Trader is granted the following powers:- to submit offers;- to participate in exchange auctions with the right to sign registers of transactions of an exchange trading participant;- to sign exchange transactions (contracts) and additional agreements thereto, including those with a condition to refer disputes to the Exchange arbitration commission, arbitration court, another permanent arbitration body, as well as agreements on the termination of exchange transactions (contracts);- to submit to the Exchange documents and information on execution of exchange transaction (contracts);- to perform other actions and formalities related to fulfilment of this mandate. |
| This Power of Attorney is valid until | . |
|  | (date) |
|  |
| (signature, initials, surname, job title of the person issuing the power of attorney) |